

AO 240 (DELAWARE REV. 7/00)

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

Plaintiff

V.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

05 - 174



I, Henry Fordham JR. declare that I am the (check appropriate box)
☒ Petitioner/Plaintiff/Movant ☐ Other in the above-entitled proceeding; that in support of my
 request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am
 unable to pay the costs of these proceedings and that I am entitled to the relief sought in the
 complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2) --

If "YES" state the place of your incarceration Delaware Correctional Center 1181 Paddock
ROAD Smyrna, Delaware 19977.

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

Have the institution fill out the certificate portion of this affidavit and attach a ledger sheet from the
institution(s) of your incarceration showing at least the past SIX months' transactions. Ledger
sheets are not required for cases filed pursuant to 28:USC §2254.

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and
 give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home
 salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- | | |
|---|---|
| a. Business, profession or other self-employment | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation payments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Any other sources | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount
 received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? ☐ Yes ☒ No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable. *NONE*

I declare under penalty of perjury that the above information is true and correct.

Date: 2-7-05

Signature of Applicant Henry Fordham JR.

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Henry Fordham SBI#: 260756
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: January 5, 2005

Attached are copies of your inmate account statement for the months of
July 1, 2004 to December 31, 2004

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>July</u>	<u>1.30</u>
<u>Aug</u>	<u>1.30</u>
<u>Sept</u>	<u>1.24</u>
<u>Oct</u>	<u>4.53</u>
<u>Nov</u>	<u>2.14</u>
<u>Dec</u>	<u>.35</u>

Average daily balances/6 months: 1.81

Attachments

CC: File

Stacy Shane
1/5/05

1/5/05
[Signature]
Notary

DELAWARE CORRECTIONAL CENTER
SUPPORT SERVICES OFFICE
MEMORANDUM

TO: Henry Fodham SBI#: 260756
FROM: Stacy Shane, Support Services Secretary
RE: 6 Months Account Statement
DATE: February 28, 2005

Attached are copies of your inmate account statement for the months of
August 1, 2004 to January 31, 2005

The following indicates the average daily balances.

<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Aug</u>	<u>1.30</u>
<u>Sept</u>	<u>1.24</u>
<u>Oct</u>	<u>4.53</u>
<u>Nov</u>	<u>2.14</u>
<u>Dec</u>	<u>.35</u>
<u>Jan</u>	<u>.03</u>

Average daily balances/6 months: 1.600

Attachments
CC: File

Stacy Shane
2/28/05

[Signature]
3/2/05
Normy public

Individual Statement

From 8/1/2004 To 8/31/2004

NAME Fordham, Henry J Jr.

ACCOUNT ID 00260756

DORM W/1

TRANSACTION	DEPOSIT (OR WITHDRAWAL)	RECEIPT	PAYTO
-------------	----------------------------	---------	-------

COMMENTS:

Transactions For:

Friday, February 25, 2005

Date Printed: 2/25/2005

Individual Statement

Page 1 of 1

For Month of September 2004

SBI	Last Name	First Name	NI	Suffix	Beg Mth Balance:	\$1.30
00260756	Fordham	Henry	J	Jr.		
Current Location:	SU/1	Comments:				

Trans Type	Date	Amount	Deposit or Withdrawal	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Pay-To	9/24/2004	(\$0.25)		\$0.00	\$0.00	\$1.05	12884			
Ending Mth Balance:						\$1.05				

DST/STATUS SHEET

Date Printed: 2/25/2005

Page 1 of 1

Individual Statement

For Month of October 2004

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$1.05
00260756	Fordham	Henry	J	Jr.		
Current Location:	SU/1	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	10/4/2004	\$10.00	\$0.00	\$0.00	\$11.05	16406	4530385447-29229		
Canteen	10/13/2004	(\$7.87)	\$0.00	\$0.00	\$3.18	19646			S POBINSON
Pay-To	10/15/2004	(\$0.37)	\$0.00	\$0.00	\$2.81	21071			DST/POSTAGE
Canteen	10/26/2004	(\$2.74)	\$0.00	\$0.00	\$0.07	24746			
Ending Mth Balance:					\$0.07				

Date Printed: 2/25/2005

Individual Statement

For Month of November 2004

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.07			
00260756	Fordham	Henry	J	Jr.					
Current Location:	SU/1	Comments:							
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Mail	11/19/2004	\$15.00	\$0.00	\$0.00	\$15.07	34418	15375208923-25921		N SIMMONS
Canteen	11/23/2004	(\$14.72)	\$0.00	\$0.00	\$0.35	35450			
Ending Mth Balance:					\$0.35				

Individual Statement - No Transactions This Month

Date Printed: 2.25/2005

Page 1 of 1

For Month of December 2004

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.35
00260756	Fordham	Henry	J	Jr.		
Current Location:		SU/1				

Source	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Deposit Hold	Balance
--------	------	------------------------------------	--------------	------------------	--------------	---------

Ending Mth Balance:	\$0.35
---------------------	--------

Date Printed: 2/25/2005

Individual Statement

For Month of January 2005

Page 1 of 1

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.35
00260756	Fordham	Henry	J	Jr.		
Current Location:	SU/1	Comments:				

Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #	MO # or Ck #	PayTo	SourceName
Canteen	1/4/2005	(\$0.35)	\$0.00	\$0.00	\$0.00	52121			
Ending Mth Balance:					\$0.00				